




**STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF MENTAL RETARDATION SERVICES
ANDREW JACKSON BUILDING
500 DEADERICK STREET, 15TH FLOOR
NASHVILLE, TENNESSEE 37243**

MEMORANDUM

DATE: September 27, 2006

TO: Residential Services Providers
Day Services Providers
Independent Support Coordination Agencies

FROM: Stephen H. Norris, Deputy Commissioner 

SUBJECT: State Funded Service Plan Submission Simplification

In our continual effort to simplify our system, we are pleased to share some changes the Division of Mental Retardation Services (DMRS) has decided to implement regarding the service plan submission process. We have summarized the changes as outlined below:

1. An amendment to the Individual Support Plan (ISP) will no longer be needed when the following state funds are being requested:
 - a. Establishment
 - b. MR Housing
 - c. Class Transportation
 - d. Hospital Attendant
 - e. Specialized Supplies
 - f. Health/Medical
 - g. Other Health Related
 - h. Individual Consultation
2. In most instances, the agency who will be receiving the requested funds will assume responsibility for submitting the service plan and required documentation for supporting justification to the Regional Office.
 - a. Complete the "State Funded Services and Supports Request" (Copy of form attached. An electronic version of the request form is available on the DMRS web site)
 - b. Attach all required documentation/justification
3. For those instances when state funds are being requested for services such as Individual Consultation, the primary service provider will assume responsibility for submitting the service plan. (e.g. Residential Provider for those individuals receiving this service, Day Service Provider for those individuals not receiving Residential Services, etc.)

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It is still expected that the needs outlined above be identified during the planning process and that the person supported (or legal conservator) and their Circle of Support be fully included in decisions to request funds for these services.

In urgent situations, when emergency authorization for state funds has been requested, it remains the provider's responsibility to notify the Independent Support Coordinator of such events. This is especially important during unplanned hospitalizations requiring the need for hospital attendant services.

At present, we are not making any changes to the required supporting documentation that must accompany service requests. Attached to this memo are instructions for completing the State Funded Services and Supports Requests Form as well as a summary of pertinent supporting documentation required for specific requested services.

Please be advised that these changes are effective immediately. We anticipate these changes will not only simplify the service plan submission process, but will also result in more timely processing of requests for state funds for the identified services.

Should you have any questions regarding these changes please contact Denine C. Hunt at 615-532-5450, or the appropriate regional Plans Review Coordinator.

SHN:dch

Enclosure

cc: Larry Latham, Ph.D.
Denine C. Hunt
Joanna Damons
Paula McHenry
Regional Directors

**State Funded Service Plan Submission Simplification
September 26, 2006**

Supporting documentation to accompany state funded service requests includes:

- Establishment Funds: Bank Statements, Itemized list, justification for why service is needed
- MR Housing: Bank Statements, Budget, Verification of Income, Justification for why service is needed
- Class Transportation: Justification includes identification of the existence of special circumstances to support class members with transportation, number of class members in the home and number of class members using wheelchairs.
- All Identified State Funded Services: Justification as to why the service is needed, in some instances, proof of denial from insurance company may be required if the request is for a service that may be covered by insurance. Note: By submitting a request for state funds, the provider must be certain the requested service cannot be funded through the Medicaid Waiver.

Outlined below are instructions for completing the State Funded Services and Supports Request.

- A, Service Name: Name of the service being requested as listed on the Available Services List provided by DMRS.
- A, *Type of Request: Use legend on bottom of Request Form to identify type of request, for example; 1. Continue Service or 2. Add New Service
- B, Tier: Insert Level of Need (LON) associated with requested service, leave blank if there is not an indicated LON with the service
- C, Service Code: Assigned service code as listed on the Available Services List. Make sure this code matches the Service Name
- C, Fund Source: State
- D, Provider Name and Provider Code: Agency name and agency code
- E, Site Name and Site Code: The assigned name for the location this service will be provided and the assigned code for the service
- F, Start Date: The date the requested service will be provided. Payment will not be made for services provided prior to the signed authorization of the submitted request.
- F, End Date: The date that the requested service will stop being provided. If the service has not been completely implemented by this date, a new request to change the start and end dates must be submitted.
- G, Unit Rate: Rate (dollar amount) assigned to the requested service as listed in the DMRS Available Services List
- G, Unit Type: The type of unit assigned to the requested service as listed in the DMRS Available Services List
- H, # of Units: Specific number of units based on the unit type being requested
- H, Cost: # of requested units multiplied by the Unit Rate
- Authorizing Signature, Title, Date: DMRS Use Only

STATE FUNDED SERVICES AND SUPPORTS REQUEST

NAME OF PERSON

SOCIAL SECURITY #

AGENCY SUBMITTING REQUEST

NAME OF PERSON SUBMITTING REQUEST

Note: This form is to be used only for the following services: Establishment, MR Housing, Class Transportation, Hospital Attendant, Specialized Supplies, Health/Medical, Other Health Related, and Individual Consultation. It is to be completed and submitted by the Agency receiving the funds for the person's use or by the primary provider for services such as Individual Consultation. It is to be submitted to the Regional Office Plans Review Unit along with all associated documentation/justification required for the type of request.

A	B	C	D	E	F	G	H	(DMRS USE ONLY)		
Service Name & *Type of Request	Tier	Service Code & Fund Source	Provider Name & Provider Code	Site Name & Site Code	Start Date & End Date	Unit Rate & Unit Type	# of Units & Cost	Approve	Deny	**Deny & Partial Approve
1							0.00	[]	[]	[]
2							0.00	[]	[]	[]
3							0.00	[]	[]	[]
4							0.00	[]	[]	[]
5							0.00	[]	[]	[]
6							0.00	[]	[]	[]
DMRS Review and Authorization of Services:							Total Cost:	\$ 0.00		

(Authorizing Signature)

(Title)

(Date)

- * **TYPE OF REQUEST:** 1. Continue Service 2. Add New Service 3. Assessment 4. Delete Service 5. Increase Service 6. Decrease Service 7. Add/Change Provider
- ** **PARTIAL APPROVAL BY DMRS:** For partial approval of a request, DMRS must complete the following page to indicate details of the partial approval.